

1023

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
County	Maricopa		State Index No.	243
District			County Registered No.	4231
Town			Local Registrar's No.	6058
Or City	Phoenix			
No. 718 West Jefferson				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME Josephine A. Wilson				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
Female	White Indian	MARRIED	January 20 1918	
	Black Chinese	WIDOWED**	(Month) (Day) (Year)	
	Mexican	or DIVORCED		
DATE OF BIRTH			I hereby certify, that I attended deceased from Jan 3 1918 to Jan 17 1918; that I last saw her alive on Jan 17 1918, and that death occurred on the date stated above at M. The DISEASE or INJURY causing	
AGE			Death was as follows:	
81 yrs. mos. days hrs. or min.			Senility	
OCCUPATION			(Duration) yrs. mos. days	
(a) Trade, profession or particular kind of work At Home			Was disease contracted in Arizona? yes	
(b) General nature of industry, business, or establishment in which employed or (employer)			If not, where?	
BIRTHPLACE			CONTRIBUTORY	
(State or country) Georgia			(Duration) yrs. mos. days	
NAME OF FATHER			(Signed) J. F. Whitney	
BIRTHPLACE OF FATHER			1/22/18 191 (Address) City.	
(State or Country)			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
MAIDEN NAME OF MOTHER			LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER			At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
(State or Country)			Former or Usual Residence	
The Above Is True to the Best of My Knowledge			Filed Jan 24 1918	
(Informant) Mrs. L. Wilson,			Local Registrar	
(Address) Phoenix			Feb 7 1918 A. B. Nichols	
PLACE OF BURIAL OR REMOVAL			County Registrar	
Forest Lawn Cemetery				
DATE OF BURIAL OR REMOVAL				
1/23/18 191				
UNDERTAKER				
J. F. Whitney				
ADDRESS				
City.				